



# Golden Age Club Membership Form

If you wish to avail the Getwel Golden Age Club Membership .Please fill in the form below and submit it to the Hospital Registration Counter.

Patients Name (Block Letter) \* : .....

Father's/ Spouse/Guardian Name \* : .....

Date of Birth \* : ..... Age: ..... Sex: .....

Marital Status \* : Married : ..... Unmarried.....

Blood Group \* : ..... Emergency Contact No\* .....

Residence Address (In Full) \* : .....

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City..... District:..... Pin:.....

Phone: Mobile:..... Residence/Office:.....

E-Mail:.....

Occupation:..... Religion.....

Referred By:.....

Consultation for Dr.:.....

Date:..... Time..... MR No/Registration No.....

**(Mandatory Field \*)**

**Self Signature in full**

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### Registration Requirements :

Proof (Voter ID, PAN Card or any other age proof etc), Address Proof, 2 copy of passport size photograph.

Eligibility Criteria : Any indian Citizen above 60 Years can become a member.

For details call programme Coordinator at +919051566113